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(37 C) (37 C) (37 C)	FR 1.16(cj)			D-PARTI	*						
(37 C) (37 C) (37 C)	E FEE FR 1.16(a)) AL CLAMS FR 1.16(c))	MUM		CLAIMS AS FILED - PART ((Column 1) (Column 2)						OTHER THAN SMALL ENTITY	
(37 C) (37 C) (37 C)	FR 1.16(a)) AL CLAMS FR 1.16(c))		BER FILE	NUMBER EXTRA		RATE	FEE		RATE	FEE	
YOY/ (37 C	al Claims Fr 1.16(cj)							1		1.	
BON		YOTAL CLAMS				1	 • • • • • • • • • • • • • • • • • • •	OR		 ` -	
	PENDENT CLA	mes.	minus	50 - -			 	OR	x 3		
(37 CFR 1.16(b))			minue	3		<u> </u>	İ	OR	x :		
MAL	TOLE DEPEND	ENT CLAIM PRESE	EMT	(27 CFR 1.10(0))	1000		OR.	+1			
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		QR	TOTAL		
CLAIMS AS AMENDED - PART II											
2						SMALL	ENTITY	OR		R THAN ENTITY	
A TH	1/18/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	AOOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	DI CAS ("IRIO)	13	Minus	77	-	25.		OR	x:50.	722	
	(of CFR 1, M(p.l)	10	Minus	"10	-	x \$/00 .		OR OR	x 200.		
₹,	FIRST PRESENT	TATION OF MULTIPL	E GEPENE	ENT CLAIM DT C	FR 1,16(4)	+180-		OR	+1360-		
						TOTAL			TOTAL		
2	211	(Column 1)				ADDIL FEE		OR	ADD'L FEE		
T	-2/2	(Column 1)		(Column 2)	(Column 3)						
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<u>۽</u> آڇ	Total	13	Minus	-41	•	x . 35 -	·	OR	x =50 -		
28 F C	on Chair Table Dischargeur	10	Minus	" 10	•	x 1/00=		OR	x : 200-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(d))						+:/BD-		OR	+30.		
						TOTAL ADOL FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			-			
2	1/16/06	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL	
[남	Total	AMENDMENT	Minus	PAID FOR	- //		FEE	·		FEE	
	FOR 1,1800	12	Minus	71	- 0	x 125 -		OR	x . 50 .	/_	
	dependent IF OFE E.160()	-/0		10	1/	x s/00.		OR	1 200 ·	\checkmark	
P	IRST PRESENTA	TION OF MULTIPLE	CEPENDE	OFF CLAM DE OF	R 1,16(0)	+1/80-		OR L	+340		
					TOTAL ADD'L FEE		OR	TOTAL ADOL FEE			
K	The "Highest N	tumber Previously	Paid For	in column 2, with IN THIS SPACE I IN THIS SPACE I	is less than 20, e	rder "20".					

The Tighest Number Persously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 15 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdent, should be sent to the Chief Information Officer, U.S. Pattern and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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